

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dlp.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

October 9, 2014

Ms. Ann Bouza, Administrator
Equinox Terrace
324 Equinox Terrace Road
Manchester Center, VT 05255-9253

Dear Ms. Bouza:

The Division of Licensing and Protection completed the unannounced on-site complaint investigation at your facility on **October 6, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **October 22, 2014**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

If you disagree with the existence or accuracy of a deficiency, please provide comments in the space provided beneath the deficiency statement.

You may also request an informal review of all or part of the contents of the notice at any time prior to **October 22, 2014** by calling Frances Keeler, RN, MSN, DBA, Assistant Division Director, or Clayton Clark, Division Director at (802) 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 871-3350.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **October 22, 2014**.

Appeals

As noted above, you may seek an informal review from Frances Keeler, RN, MSN, DBA, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 14-16 Baldwin Street, Montpelier, VT 05633-2536. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

PC:jl

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October 21, 2014

Ms. Ann Bouza, Administrator
Equinox Terrace
324 Equinox Terrace Road
Manchester Center, VT 05255-9253

Dear Ms. Bouza:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 6, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Division of Licensing and Protection

RECEIVED
Division ofPRINTED: 10/09/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	OCT 20 14 Licensing and Protection (X3) DATE SURVEY COMPLETED C 10/06/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EQUINOX TERRACE

324 EQUINOX TERRACE ROAD
MANCHESTER CENTER, VT 05255

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 10/6/14. There were findings regarding this investigation.	R100		
R146 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (3)</p> <p>Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the nurse failed to provide instruction and supervision to all direct care personnel regarding each resident's health care needs for one of three residents in sample, Resident #1. Findings include:</p> <p>Per observation of Resident #1 on 10/6/14 at 10:05 AM, h/she presented in wheelchair with back reclined. Resident was leaning forward over a desk and was attempting to cut stamps from a piece of an envelope. H/she was non-communicative when I introduced myself and focused on task. Viewed room at this time and reviewed communication book from At Home Senior Care providers. Providers are to provide companionship and personal care and to seek assist from staff at facility for transfers.</p> <p>Review of medical record for Resident #1 on 10/6/14 at 10:25 AM presents that resident has diagnoses that include dementia, Hypothyroidism,</p>	R146	<p>Nursing staff will provide instruction and supervision to each resident by utilizing current Care Plan w/ service plan and Kardex.</p> <p>All tasks will be delegated appropriately to nursing tasks.</p> <p>Kardex will be updated as needed with change in condition or annual assessment.</p> <p>10/16/14</p>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

EXECUTIVE DIRECTOR

10/16/14

STATE FORM

8898

W52R11

If continuation sheet 1 of 3

Division of Licensing and Protection

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EQUINOX TERRACE

**324 EQUINOX TERRACE ROAD
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R146	<p>Continued From page 1</p> <p>Parkinson's Disease, Osteoporosis, Anxiety and Depression. Admitted to facility 3/12/14 and his/her spouse is the legal health care proxy. Resident was seen by a dentist on 9/24/14 and presented without problems or plaque build up.</p> <p>Care plan presents that resident is to wear glasses. Staff are to assist to the toilet every two hours, and transfer via mechanical lift and two assist. Interview with the Licensed Practical Nurse (LPN) at 10:35 AM presents that in order to toilet the resident, two staff will put a hoyer pad under him/her while up in wheelchair, place resident on the bed, remove clothing and transfer onto another hoyer pad and then transfer to the bathroom and back.</p> <p>At 11:35 AM caregiver came and took the resident to lunch without toileting or checking for incontinence. Per interview with the caregiver at this time, the resident doesn't cooperate with anyone and wants to do his/her own thing even if it is dangerous. Caregiver stated that the resident requires total care for everything except eating. Further stated that h/she is no longer toileted in the bathroom, but is put into bed with the lift and changed and then gotten up again. H/she stated that it is done every two hours, when they wake up, before and after meals and at bedtime. There is no bedside commode because the resident is not safe to use it.</p> <p>During observation of Resident #1 between 10:30 AM and 1:30 PM, h/she was not toileted and this was confirmed by the caregiver at 1:30 PM. Caregiver stated that she provides the care for Resident #1 and stated that h/she was unaware that the resident had not been toileted by other caregivers. During this observation period, the resident did not have his/her eyeglasses and they</p>	R146	<p>Resident #1 will be offered her glasses and encouraged to wear them daily Task added to Kardex</p> <p>Resident #1 will be toileted before meals, after meals, after rising and before bed and as needed Task added to Kardex</p> <p>R146 POC accepted B Bortell RN/PME 10/20/14</p>	<p>10/16/14</p> <p>10/16/14</p>

Division of Licensing and Protection

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R146	Continued From page 2 were not offered. Per the LPN, the resident will often refuse to wear them and they are not given to him/her. The LPN confirmed at this time that the care plan indicates that the resident is to wear eyeglasses and that h/she is to be toileted every two hours.	R146		
R272 SS=A	IX. PHYSICAL PLANT 9.2 Residents' Rooms 9.2.e Resident bedrooms shall be used only as the personal sleeping and living quarters of the residents assigned to them. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that resident bedrooms are used only as the personal sleeping and living quarters for one of three residents in the sample, Resident #1. Findings include: Based on observation on 10/6/14 at 10:05 AM and again at 1:30 PM, there was a mechanical lift stored in the bathroom in the walk in shower for Resident #1. Interview at 10:20 AM with the LPN, confirmed that the mechanical lift is stored in the bathroom shower. H/she stated that it would normally be kept in a corner of the bedroom, but it causes the resident to become distressed. H/she further stated at this time that the resident uses the shower with total assist from the staff and the lift is moved to the bedroom at that time. Per the Executive Director at 1:45 PM, the lifts should be kept in a separate room.	R272	Mechanical lifts shall not be stored in a resident's bedroom in order to maintain a resident's dignity. Mechanical lifts will be stored in a separate area from resident's bedroom. R272 POC accepted 10/20/14 BBorkuRw/PME	10/16/14